



**YOBE STATE GOVERNMENT OF NIGERIA**

**PERSONNEL DATA FORM**

1. File No \_\_\_\_\_ I.D NO
2. First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Surname \_\_\_\_\_
3. Date of Birth  Place of birth \_\_\_\_\_ Sex: M  F     
D D M M Y Y Y Y (Height) (Blood Group)
4. Disability (If Any): (i) Blind  (ii) Crippled  (iii) Deaf  (iv) Other(s) (Specify) \_\_\_\_\_
5. Marital Status: Single  Married  Divorced  Widowed  Others \_\_\_\_\_
6. L.G.A (Origin) \_\_\_\_\_ State ( Origin) \_\_\_\_\_ Nationality \_\_\_\_\_
7. Date of first Appointment  On Appointment: GL  Rank \_\_\_\_\_  
D D M M Y Y Y Y
8. Nature of Appointment: Permanent  Contract  other \_\_\_\_\_
9. If confirmed: Date   
D D M M Y Y Y Y
10. Date of last promotion  substantive: GL  Incremental Date: Jan  July   
D D M M Y Y Y Y (Attach photocopy)
11. Career Progression: (appointments after first appointment)

	GL	RANK	DATE
			D D M M Y Y Y Y
i.	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
ii.	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
iii.	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
iv.	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
v.	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
vi.	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
vii.	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
viii.	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
ix.	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

12. \*Current Status:
  - i. Rank \_\_\_\_\_
  - ii. Cadre \_\_\_\_\_
  - iii. Organization \_\_\_\_\_
  - iv. Department \_\_\_\_\_
  - v. Unit \_\_\_\_\_
  - vi. Station \_\_\_\_\_

\* All ranks and cadres **Must** conform to the provisions of the revised scheme of service (August 2004)

13. Tick if on: Secondment  leave of absence  Sabbatical leave

i. To: (Org) \_\_\_\_\_ From         To

14. Transfer From:

i. Service : LG Civil Service  State Civil Service  Federal Service  Private Organization

Other(s) (Specify) \_\_\_\_\_

ii. Organization: \_\_\_\_\_ Date of transfer

15. Qualification(s) Obtained: \_\_\_\_\_ Institution(s) attended: \_\_\_\_\_ Date:       M

Y Y Y Y  
Attach copy(s)

i. \_\_\_\_\_

ii. \_\_\_\_\_

iii. \_\_\_\_\_

iv. \_\_\_\_\_

16. Short Training History

	Course Title	Organiser(s)	Duration	Year Attended
i.	_____	_____	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
ii.	_____	_____	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
iii.	_____	_____	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
iv.	_____	_____	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
v.	_____	_____	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
vi.	_____	_____	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

17. Registration with professional body(s): \_\_\_\_\_ Membership No(s): \_\_\_\_\_ Date:

Attach copy(s)

i. \_\_\_\_\_

ii. \_\_\_\_\_

iii. \_\_\_\_\_

CONTACT INFORMATION

18. Contact Address \_\_\_\_\_

i. Town/City \_\_\_\_\_

19. Residential Address \_\_\_\_\_

i. Town/City \_\_\_\_\_

20. GSM No(s) \_\_\_\_\_

21. Email Address \_\_\_\_\_

